

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010162

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 366 Primary Registration District No. _____ Registrar's No. 76

FILED FEB 18 1963

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CONCORD</u>		c. CITY OR TOWN <u>Irondale</u>	
Length of stay in 1b <u>2 yrs.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Irondale R.I.</u>		d. STREET ADDRESS (If outside, give location) <u>R. 1</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>Walter</u> Last <u>Murrie</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>9</u> Year <u>1963</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-23-1879</u>	9. AGE (last birthday) <u>83</u>	10. IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Street Car Operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>E. St. Louis, Ill.</u>		
11a. BIRTHPLACE (City and state or country) <u>Vienna, Ill.</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Walter Murrie</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret McEatrige</u>		
14. NAME OF HUSBAND OR WIFE <u>Cordia Murrie</u>			(deceased)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>[redacted]</u>		
17. INFORMANT <u>Mrs. Ruby Bailey, Alton, Ill.</u>			Address _____		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Near Irondale</u>	20f. CITY, TOWN, OR LOCATION <u>Washington</u>	COUNTY <u>Mo.</u>	STATE <u>Mo.</u>
--	--	---	-------------------	------------------

21. I attended the deceased from _____ to _____ and last saw him/her alive on _____
Death occurred at 7:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>Coroner</u>	22b. ADDRESS <u>Pataski, Mo.</u>	22c. DATE SIGNED <u>2-13-63</u>
--------------------------------------	-------------------------------------	-------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 15, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Big River Cemetery</u>	23d. LOCATION (City, town, or county) <u>Irondale R. 1, Mo.</u>
--	-----------------------------------	---	--

24. FUNERAL DIRECTOR <u>Bert L. Boyer</u>	ADDRESS <u>Leadwood, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2/13/63</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
--	---------------------------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1100

21100

3

4 0

5 2

6

7 1

8 2

9420.1

10

11

1290-3

131-0

FEB 21 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Paul L. Boyer

Licensed Embalmer No. *3445*

P. O. Address *Leadwood Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.